POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	M		5-2-01
FORMALITY REVIEW	BE	897	05-15-01
RESPONSE FORMALITY REVIEW	MD		9/05/01

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date							Claim		Date							Claim		Date						
Final	Original								Final	Original									Final	Original							
	1									51										101							
	2									52										102							
	3									53										103							
	4									54										104							
	5									55										105							
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	48									98										148							
	49									99										149							
	50									100										150							

If more than 150 claims or 10 actions
staple additional sheet here

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